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## NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

12/28/2004

Mark Farber C/O Tyco Healthcare Group LP 150 Glover Avenue Norwalk, CT 06856 EXAMINER

GORR, RACHEL F

ART UNIT

PAPER NUMBER

1711

**DATE MAILED: 12/28/2004** 

1	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
•	10/604 400	10/27/2003	Mark Rohy	2872	2661

TITLE OF INVENTION: FAST CURING COMPOSITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
APPLN. ITPE	SMALL ENTITY	ISSUE PEE	FUBLICATION FEE	TOTAL FEE(3) DOE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$1700	03/28/2005	

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

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If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

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Complete and send this form, together with applicable fee(s), to: Mail

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(703) 746-4000 or Fax

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75	90 12/28/2004			have its own certifica	te of mailing or transmission.		
Mark Farber C/O Tyco Healthca 150 Glover Avenue Norwalk, CT 0685	•			Ce I hereby certify that to States Postal Service addressed to the Ma transmitted to the US	ertificate of Mailing or Trans his Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the c	mission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.	
Notwark, CT 0005	o .				_	(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE	I	IRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/694,499	10/27/2003		Mark	Roby	2872	2661	
TITLE OF INVENTION: FA	AST CURING COMPOSITI	ONS					
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nonprovisional	МО	\$1400		\$300	\$1700	03/28/2005	
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GORR, R	ACHEL F	1711		528-044000	. :'		
CFR 1.363).  Change of correspond Address form PTO/SB/1:  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND	lence address or indication of "Follower address" (or Change of 22) attached.  cion (or "Fee Address" Indication more recent) attached. Use the action of th	Correspondence ation form e of a Customer E PRINTED ON T	(1) the na or agents (2) the na registered 2 registered listed, no	nting on the patent front page, times of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the nated patent attorneys or agents. I name will be printed.  T (print or type)  Dear on the patent. If an assigner or filing an assignment.	a member a mes of up to f no name is 3	locument has been filed for	
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4a. The following fee(s) are	enclosed:	46	. Payment of	1 1	nalocad		
☐ Issue Fee ☐ Publication Fee (No small entity discount permitted)			☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
_ ` '	(from status indicated above MALL ENTITY status. See	•	D b. Applie	cant is no longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).	
				ny) or to re-apply any previous e other than the applicant; a re			
Authorized Signature				Date			
Typed or printed name							
Alexandria, virginia 22313.	1430.			to obtain or retain a benefit by ollection is estimated to take 12 ipon the individual case. Any omation Officer, U.S. Patent an D FORMS TO THIS ADDRES			



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10/694,499	10/27/2003	Mark Roby	2872	2661		
75	90 12/28/2004	EXAM	EXAMINER			
Mark Farber		GORR, RA	GORR, RACHEL F			
C/O Tyco Healthca 150 Glover Avenue		ART UNIT	PAPER NUMBER			
Norwalk, CT 06856	Jorwalk, CT 06856					
			DATE MAILED: 12/28/2004	DATE MAILED: 12/28/2004		

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.